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REPORT OF RECEIPTS AND DISBURSEMENTS

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(Revised 02/2003)

FORM 3		For An Authorized Committee					Office Use-Only				
1. NAME OF COMMITTEE (i	n full)	TYPE OR F	PRINT V		ample: If typing er the lines.	, type	12FE4M5	MAIL	ULRILI		
Comm	tre	e. /a	1	Victo	on Sa	nchic	zh	MILAMS			
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	Reports: 15 Quarterly	Report (Q1)	(b)	12-Day PRE	-Election Repo Primary (12P) Convention (1	<u> </u>	General (1	pinqu-10	inoff (12R)		
limand internal		Report (Q2) erly Report (C	23)	Election on	M M /	D D /	Y T	in the State of			
Janua	ary 31 Year-i	End Report (Y	(c)	30-Day POS	T-Election Rep	ort for the:					
				X	General (30G)	Runoff (30	OR) 🔲 Sp	ecial (30S)		
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5. Covering Perio	od gaza	D '[[]	ී දු	النارة	through	M	2 4	ZOIU/			
l certify that I have	examined	this Report a	and to the	best of my kr	nowledge and i	belief it is ti	rue, correct an	d complete.			
Type or Print Nam			cter	. 11	<u>~</u>						
Signature of Treas	urer	1/1					Date J 2	82	۽ 'ٽ'ڏ		
NOTE: Submission	of false, erro	neous, or inc	omplete inf	ormation may	subject the per-	son signing	this Report to t	the penalties of 52 t	J.S.C. §3010		
Office Use								FEC FOR	M 3		